

1043

PLACE OF DEATH

County Maricopa
 District No 3
 Town Chandler
 Or City

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICSState Index No. 263

ORIGINAL CERTIFICATE OF DEATH

County Registered No. 4271Local Registrar's No. 366

No. _____
 (If death occurred in a Hospital or Institution, give its NAME instead of street and number.)

FULL NAME Wiles Bradshaw

PERSONAL AND STATISTICAL PARTICULARS

SEX Male Color or Race ☒ White ☐ Indian ☐ Black ☐ Chinese ☐ Mexican
 DATE OF BIRTH Jan 29 1917
 (Month) (Day) (Year)
 AGE 11 yrs. 23 mos. 23 days If less than 1 day _____ hrs., or _____ min.

OCCUPATION
 (a) Trade, profession or particular kind of work _____
 (b) General nature of industry, business, or establishment in which employed or (employer) _____

BIRTHPLACE
 (State or country) Utah

NAME OF FATHER Sam S. Bradshaw

BIRTHPLACE OF FATHER
 (State or country) Utah

MAIDEN NAME OF MOTHER Clara Stella McCullen

BIRTHPLACE OF MOTHER
 (State or country) Mex

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mary Peel
 (Address) Chandler

PLACE OF BURIAL OR REMOVAL Mesa Cemetery DATE OF BURIAL OR REMOVAL Jan 24 1918

UNDERTAKER W A Burton ADDRESS Alons Mesa

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 24 1918
 (Month) (Day) (Year)

I hereby certify, that I attended deceased from Jan 18 1918 to Jan 24 1918; that I last saw him alive on Jan 23 1918, and that death occurred on the date stated above at 3 A.M. The DISEASE or INJURY causing death was as follows: Chorea
Indigestion

(Duration) all its life yrs. mos. days

Was disease contracted in Arizona? No
 If not, where? _____

CONTRIBUTORY

(Duration) _____ yrs. mos. days

(Signed) W. E. Drane (Address) Mesa Ariz.

*In deaths from VIOLENT CAUSES state (1) MEANS OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
 LENGTH OF RESIDENCE

At place of death _____ yrs. _____ mos. _____ ds. In Arizona _____ yrs. _____ mos. _____ ds.

Former or Usual Residence _____

Filed 1/29/18 J. E. Drane
 Local Registrar

Filed Feb 11 1918 A. B. Nichols
 County Registrar

FILL OUT ALL BLANKS.

AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, that it may be properly classified. If any item can not be obtained insert word "unknown." Make every effort possible to secure this information. Incorrect certificates will be returned for correction.